

NOTIFICATION OF CHANGE(S) and/or SUBMISSION OF DOCUMENTS (Black or Blue Ink Only)

INSTRUCTIONS:

1. You must report any changes in family composition (size) or income within 10 business days (Monday through Friday).
2. All changes must be supported with documents. Example: birth certificate(s), adoption papers, SS card(s), marriage/divorce papers, lost job, new job, TANF (AFDC) / food stamp letter, unemployment, child support, child care, proof of full time student status, notarized affidavit for reporting zero income or cash contributions, work history from Work Source if unemployed, etc.
3. Answer and complete only the information that is affected by the change.
4. If you are a walk-in, without an appointment, you will be seen by the Team Clerk, not the Housing Counselor.
5. **YOU MUST SIGN AND DATE THE FORM ON THE BACK.**

CLIENT'S NAME _____ SOCIAL SECURITY # _____
 HOME PHONE _____ WORK PHONE _____ CELLPHONE _____

What would you like to report? (Check box below)

DATE _____

- Change in Family Composition and Status (if checked, complete Part 1)
 Change in Family Income & Deduction (if checked, complete Part 2)
 No change, I just want to submit document(s) (if checked, complete Part 3)

PART 1 - Check box below, complete necessary information and attach supporting documents.

CHECK BELOW	DATE OF CHANGE	FULL NAME	RELATIONSHIP
<input type="checkbox"/> Add minor family member (below 18)			
<input type="checkbox"/> Add adult family member (18 & above) Needs criminal background check			
<input type="checkbox"/> Add Foster Children or Legal Adoption			
<input type="checkbox"/> Got Married and/or Changed Name			
<input type="checkbox"/> Moved Out of Household			
<input type="checkbox"/> Divorced or Separated			
<input type="checkbox"/> Death of Family Member			
<input type="checkbox"/> Others (specify)			

PART 2 - Check box below, complete necessary information and attach supporting documents.

CHECK BELOW	Member's Name	Pay Rate & Number of Hrs.	Effective Date	Company or Workplace	Hum.Reso. Phone #	Fax #
<input type="checkbox"/> New Job		\$ /				
New Job's mailing address:						
<input type="checkbox"/> Second Job		\$ /				
Second Job's mailing address:						
<input type="checkbox"/> Lost Job						
<input type="checkbox"/> Pay Increase		\$ /				
<input type="checkbox"/> Pay Decrease		\$ /				
<input type="checkbox"/> Additional Hours		hrs./				
<input type="checkbox"/> Reduced Hours		hrs./				
<input type="checkbox"/> Others (specify)						

Income & Deductions	Check the Applicable Change(s)				Family Member	Effective Date	Current Amount
	Began	Stopped	Increased	Decreased			
SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
VA Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pension or Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.

Income & Deductions	Check the Applicable Change(s)				Family Member	Effective Date	Current Amount
	Began	Stopped...	Increased	Decreased			
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TANF or AFDC (not Food Stamps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food Stamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Cash & Other Forms of Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Unreimbursed Child Care Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Qualified Unreimbursed Medical Exp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Family Member with Disability	<input type="checkbox"/>	<input type="checkbox"/>					
Full Time Student 18 yrs. & older	<input type="checkbox"/>	<input type="checkbox"/>					

PART 3 - Check box below, complete necessary information and attach supporting documents.

I am submitting the following documents:

_____ , _____ , _____

I would like to see my Housing Counselor _____ regarding

I/We certify that the information given above to the Jacksonville Housing Authority is true and accurate to the best of my/our knowledge. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We also understand that giving false statements or information can be grounds for termination of housing assistance.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false statements to any department or agency of the United States.

 Signature (Head of Household) Date

 Signature (Spouse or Co-Head) Date

 Signature (Other Adult 18+) Date

 Signature (Other Adult 18+) Date

_____ Interpreter printed name (If Applicable)	_____ Date
_____ Interpreter signature (If Applicable)	

Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.

